Office of Personnel Management

Federal Personnel Manual System

FPM Letter 792-9

SUBJECT: Employee Counseling Services Program

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RETAIN UNTIL SUPERSEDED

Washington, D. C. 20415
May 23, 1979

Heads of Departments and Independent Establishments:

1. Guidelines and instructions for implementing Federal Civilian Alcoholism and Drug Abuse programs are contained in FPM Subchapter 792-5, FPM Supplement 792-2, and FPM Letter 792-8, issued August 25, 1977.

2. This instruction offers an alternate but recommended way of implementing these instructions through the establishment of broad Employee Counseling Services Programs. Such programs, encompassing a wider range of medical, behavioral, and emotional problems affecting employee performance are, generally, more responsive to both employee and management needs than those focusing solely on alcoholism and/or drug abuse.

3. This Letter supplements, but does not supersede, the issuances cited above, and provides guidelines for agencies who choose to integrate their existing alcoholism and drug abuse programs into a broader system dealing with the wide range of medical, behavioral, and emotional problems which can adversely affect work performance.

4. Agencies utilizing the Employee Counseling Services concept will issue implementing instructions consonant with these guidelines. Instructions must reflect consultation with unions where this is required by law. In all other instances, we strongly recommend that instructions reflect consultation, not only with unions, but also with medical advisors, training and educational specialists, community-based treatment programs, and, when appropriate, employees who, as a result of their personal rehabilitation and/or experience, have become effective in helping others.

5. A copy of departmental and agency headquarters level internal instructions will be forwarded to the Workforce Effectiveness and Development Group, Office of Personnel Management.

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Attachment (1)

Inquiries: Workforce Effectiveness and Development Group, Occupational Health, 202-254-5720

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I. BACKGROUND

A. Public Laws 91-616 of December 30, 1970, and 92-255 of March 21, 1972, as amended by Public Law 93-282 of May 14, 1974, provide that the Civil Service Commission (now Office of Personnel Management) shall be responsible for developing and maintaining, in cooperation with the Secretary (Of HEW) and with other Federal departments and agencies, appropriate prevention, treatment and rehabilitation programs and services for Federal civilian employees with alcohol or drug problems, respectively. The Office of Personnel Management's policies and guidelines for implementing these programs are contained in FPM Subchapter 792-5, FPM Supplement 792-2, and FPM Letter 792-8, dated August 25, 1977.

B. Public Law 79-658 (5 U.S.C. 7901), approved August 8, 1946, authorized heads of departments and agencies to establish health service programs for the purpose of promoting and maintaining the physical and mental fitness of employees of the Federal Government and authorized agencies to contract for these programs.* (1)

II. PURPOSE

This issuance transmits to the heads of departments and agencies guidelines for incorporating the Federal Civilian Alcoholism and Drug Abuse Programs into a management system for dealing with a broader range of medical-behavioral problems. Problems envisioned by these guidelines include: alcohol and drug abuse, personal/emotional, financial, marital, family, legal, etc. Problems concerning equal employment, upward mobility, and grievances, are not covered, but it is advisable to coordinate programs relating to them with employee counseling services programs since personal problems of any sort tend to overlap and impact on one another. This letter supplements, but does not supersede, FPM Subchapter 792-5, and FPM Supplement 792-2. It is to be used with these issuances, since much material contained in them is applicable to ECS programs but is not repeated here.

These guidelines are not intended to reduce, in any way, efforts to combat alcoholism and drug abuse, but rather to increase their effectiveness. As in the guidelines for alcoholism and drug abuse, there is latitude for each department and agency to develop programs adapted to specific settings and individualized agency needs.

III. PROGRAM RATIONALE

Programs dealing with a wide range of employee problems which adversly impact on job performance offer at least four distinct benefits not characteristic of the narrower substance abuse programs. These are: A. Earlier Identification and Treatment; B. Wider Range of Treatment; C. Integration of Programs into the Management System; and D. Stimulus to Self-Referrals.

A. EARLIER IDENTIFICATION AND INTERVENTION

It is generally conceded that the probability of success in dealing with any medical, behavioral or emotional problem is vastly increased if it is recognized and treated in its early stages before it has irreparably damaged the physical, mental or emotional well-being of the individual. The earliest indicators of alcoholism, for example, are not the familiar "tell-tale odor," "slurring of speech," "poor motor function," "tremors," etc. Rather, the earliest signs on the job are such indicators as absenteeism, declining work performance, and poor interpersonal relations. These are behavior patterns that the supervisor is trained and expected to recognize and act upon. The supervisor is not, however, trained or expected to determine underlying causes or to recommend treatment.

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*(1) See CG Decision B-187074, November 7, 1977; also OMB Circular A-72, June 18, 1965.

Clearly, though, it's advisable that someone be in a position to assist the employee in problem identification and recommend proper treatment if problems are not to progress to the point where damage is so great that chances for rehabilitation are minimal. That this "someone" is not the supervisor is recognized in most Alcoholism and Drug Abuse programs. Often, nevertheless, a supervisor has been placed in the position of labeling an employee, implicitly, by referring him to the only source(s) of help available, viz., alcoholism/drug abuse programs. When faced with this prospect, the supervisor may (1) back away from any referral whatsover, or (2) take immediate disciplinary action without benefit of any counseling. Both of these responses are self defeating. The first simply prolongs the problem, the second lays the agency open to possible reversal of the disciplinary action, if it is later determined that the employee had a drinking or drug problem.

B. WIDER RANGE OF TREATMENT

While some supervisors, as indicated above, avoid referral to a program labelled alcoholism or drug abuse, others, lacking alternatives, will refer employees who are suffering from a wide range of other problems. Unless a further referral is then made, the employee is likely to get little help for medical, emotional, financial, marital problems, etc. In addition, employees with primary problems relating to alcohol or drug abuse usually have secondary problems, such as those noted above, for which they need help if they are to resume proper functioning on their jobs. Adoption of a coordinated range of services through a broad medical-behavioral approach is geared to meeting these needs.

C . INTEGRATION OF PROGRAMS INTO THE MANAGEMENT SYSTEM

A broad Employee Counseling Services Program can consolidate what might otherwise be a splintered effort by management to deal with problem employees (e.g. an alcohol program, drug program, a personnel counseling program, and a health unit). Also, because other segments of the organization can often be useful in case identification, it is strongly recommended that the employee counseling service program utilize and be coordinated with various personnel and other management functions (e.g. training, performance evaluation, disciplinary and grievance systems, medical, safety and security, EEO, employee organizations, women's programs, etc.) It's also advisable that these functions be fully knowledgable of the goals of the Employee Counseling Services Program and provide support to it.

D. STIMULUS TO SELF-REFERRALS

Often, employees are aware that they are in trouble long before their problems come to the attention of their supervisors and co-workers. They may be seriously concerned about the way things are going in their lives, but unable to accurately pinpoint underlying causes. They may be reluctant to approach their supervisor, but uncertain about who else to turn to for help. Such employees, offered the services of a strictly confidential general counseling service, may well avail themselves of an opportunity to get help before supervisory pressure becomes necessary.

IV. PROGRAM GUIDELINES

A. PROGRAM SUPPORT AND ENDORSEMENT

The support and endorsement of top management is vital to the success of an Employee Counseling Services Program. This support will be reflected in a policy statement signed by the head of the department, agency, bureau, post, etc. Policy statements and program planning are most effective when they are developed by a committee of those most directly concerned, rather than unilaterally by one individual or segment of the organization. Typically, such a team might include, along with the employee counseling services coordinator, the Director of Personnel, Training Director, Chief of Health/ Medical Services, union appointed representative(s), and, where appropriate, employees

who, as a result of their personal rehabilitation and/or experience, have become effective in helping others. We recommend that policy statements closely follow the statements suggested for alcoholism/drug abuse programs (See FPM Supplement 792-2, S1-3) with appropriate variations.

B. RELATIONSHIP WITH LABOR ORGANIZATIONS

The support and active participation of labor organizations will be a key factor in the success of any employee counseling services program. Therefore, agencies are reminded of their obligations under Title VII, P.L. 95-454, to negotiate, when appropriate, with those unions which have been accorded exclusive recognition, or consult, when appropriate, with those unions which have consultation rights, in formulating and implementing ECS policies and programs.

In many instances, union officials and stewards have the confidence of the employees they represent and can be very influential in creating employee cooperation and support. Therefore, it is advisable to have them participate in briefings and other joint endeavors involving managers, as a means of fostering common understanding and joint support of the program.

Union officials, stewards, members, etc. may be effective when trained as ECS Counselors. In addition to an added credibility with employees as a result of their union affiliation, such persons may also possess natural talents as counselors and/or experiences or training which equip them for these duties.

C. ROLE OF THE PERSONNEL OFFICE

We recommend that the personnel director and his organization be assigned program development, implementation, and review responsibilities consistent with other personnel management functions. As noted in section IVA, however, this responsibility may be shared with other segments of the organization as well as concerned individuals (training, medical/health, persons with experience qualifications, etc.) and a "team" approach is encouraged.

A major goal of broad Employee Counseling Services Programs is to bring medical/behavioral assistance to employees into the mainstream of personnel management. It is the responsibility of the personnel office to identify and assist employees with problems. Systems relating to discipline, grievances, union relations, position classification, placement, etc., are a means of identifying persons with work-related problems (e.g. absenteeism, security violations, difficulties with co-workers, etc.). Once identified, these employees can be referred to the Employee Counseling Services Program through a clearly established channel of referral.

While we consider the program to be a part of progressive personnel management, it is also true that many employees, with or without basis, may view it with distrust for this very reason. They may fear that confidentiality of records will not be maintained and that records of their meetings with counselors may become a part of their Official Personnel File, and subsequently be used against them. It is important that the program be carried out in such a way as to allay these fears and to increase employees' confidence and partipation in the program.

D. ROLE OF PROGRAM ADMINISTRATORS AND COORDINATORS

The responsibilities of Employee Counseling Services Program administrators and coordinators are the same as those for Alcoholism/Drug Abuse Program administrators and coordinators (see FPM 792-5-4). Where previously assigned Alcoholism/Drug Abuse Program administrators and coordinators have functioned effectively, it is appropriate, in most instances, to designate them as the ECS Program administrators and coordinators.

Program personnel will continue to receive specialized training in these two illnesses.

It is also important, however, that employees in these positions be able to relate to a broad span of personal and emotional problems and to an equally wide range of community resources. We recommend that their focus not be confined to alcoholism/drug abuse problems. We strongly recommend that those individuals selected receive continuing training to provide them with a broad background in a range of personal and emotional problems, coupled with a specific knowledge of alcoholism and drug abuse.

It's advisable that the organizational location of persons in a counseling/referral role be compatible with their function. It will, for example, be difficult to maintain program credibility if the counselor also has responsibility for, or is closely aligned with, disciplinary procedures.

Evaluations of alcoholism and drug abuse programs have consistently shown that many agencies have not allowed program personnel sufficient time to implement effective programs. It is important that programs be closely monitored to insure that adequate time is alloted to produce a functioning program.

E. REFERRALS

The effects of social and moral stigma associated with alcoholism and drug abuse encourage victims of either of these addictions to deny their primary problem. As a result, they typically will go to great lengths to convince supervisors, coordinators, counselors, etc. that their problem is something other than alcoholism or drugs. It is important that the person in the agency to whom the client is referred for assistance be qualified and trained in alcoholism and drug addiction, so that he or she can accurately determine whether or not alcoholism or drugs are involved. Otherwise the client may be successful in concealing the primary problem and effective treatment will be delayed while focusing rehabilitation efforts on marital, financial or other problems that are actually caused by alcoholism or drugs.

F. RELATIONSHIP TO DISCIPLINARY ACTIONS

The purpose of the ECSP is to assist employees to correct their unacceptable conduct or performance. A successful ECSP may avoid certain actions adverse to the employee which otherwise might have to be taken.

Removal and Reduction in grade based on unacceptable performance. (Part 432 of OPM's regulations.)

Chapter 43 of the CSRA provides that the performance appraisal system(s) of an agency shall provide for assisting employees in improving unacceptable performance and for reassigning, reducing in grade, or removing employees who continue to have unacceptable performance -- but only after an opportunity to demonstrate acceptable performance. The ECSP may well be utilized by the agency in meeting these statutory criteria before an action based on unacceptable performance is effected.

Adverse actions (Part 752)

The adverse action regulation covers suspension, removal, and reduction in grade or pay taken for such cause as will promote the efficiency of the service. Depending on the circumstances of a particular situation, it may be appropriate to offer assistance to the employee to help him or her overcome unsatisfactory conduct as an alternative to disciplinary action. On the other hand, it may be in the best interests of the Government for the agency to initiate action, at the same time that assistance is offered. We want to stress that such an offer of assistance made concurrent with

the initiation of a disciplinary action, does not stand in the way of or shield the employee from the disciplinary action. We realize that there are instances where assistance has been offered earlier to the same employee to little or no avail. Perhaps the agency may be unable to make a meaningful offer of assistance in some situations (e.g. where the employee has been jailed, or in emergency situations where the employee must be removed immediately from a duty status). The agency will need to decide whether a meaningful contribution can be made to the employee's welfare by an offer of assistance in extreme circumstances such as those above. By all means, offer it, when appropriate.

G. ROLE OF THE SUPERVISOR

The role of the supervisor in an Employee Counseling Services Program is essentially the same as in an Alcoholism/Drug Abuse program. The broadening of the program should result in even greater help to the supervisor in dealing effectively with a wide range of performance problems. As soon as it is determined that ordinary supervisory methods are not bringing about improvement, it's a good idea for the supervisor to consult the ECS program coordinator for advice on how to proceed. The program coordinator (or other contact) can then recommend to the supervisor whether or not a confrontation with and/or referral of the employee to the program is advisable and, if so, how to prepare for it and carry it through. In some cases, for a variety of reasons, the advice given the supervisor may lead directly to a solution of the problem, without a confrontation or referral of the employee ever becoming necessary.

Training for supervisors is essential if they are to effectively utilize the Employee Counseling Services Program. Where employees are represented by unions it is highly desirable to train supervisors and employee representatives jointly.

H. SCOPE OF PROGRAM

As indicated in section II, the scope of problems envisioned by these guidelines include: alcohol and drug abuse, personal/emotional, financial, marital, family, and legal problems. A special word is necessary about family problems. Often employees who are not alcoholics, drug abusers or suffering from any specific neurotic or psychotic disorder are, nevertheless, "troubled" by family members who suffer from any, or a combination of the above conditions. Family members who are alcoholic, for example, can cause employees acute emotional stress and sometimes even physical harm (e.g. the "battered person" syndrome). These conditions inevitably impact on an employee's job performance, in much the same way that they would if the employee had an alcohol, drug or other problem himself. Absence from work, lateness, lack of concentration, irritability, sloppy work, etc. may indicate a problem family member. This does not mean that the employee does not need help. On the contrary, he or she needs assistance at least as much as does the family member with the alcohol, drug, or other problem. While, ideally, the entire family (or at least both partners) should be referred to treatment, this sometimes may not be possible.

Referral to treatment of an employee whose performance is affected by the medical/behavioral problem of a family member, should be handled in the same way as any other client referral. The performance problem is his or hers, as well as the obligation to correct it. If, after assistance is offered, performance does not improve, continuing assistance, combined with disciplinary action may be appropriate.

I. COMMUNITY RESOURCES

It's advisable that Employee Counseling Services Programs be closely linked to community resources. We recommend that program administrators and coordinators determine which agencies or individuals can offer screening and/or diagnostic services. It's good practice, too, to learn about admission requirements, agency function, provisions

for referral and follow-up, types of treatment provided, treatment staff's composition and qualifications, socio-economic status of clientele, costs and fee schedules, and insurance coverage. In addition, it's advisable that communications and relationships be established with specialized resources such as the following:

- State alcoholism and drug abuse authorities
- State mental health authorities
- Councils on Alcoholism and Drug Abuse
- Alcoholics Anonymous, Al-Anon, and Alateen
- Other self-help groups for medical/behavioral/emotional problems (e.g. Gamblers Anonymous and Narcotics Anonymous)
- Local mental health associations
- Hospitals and other inpatient treatment facilities
- Clinics and other outpatient treatment facilities
- Family counseling services
- Financial counseling services
- Private practitioners

J. COOPERATIVE PROGRAMS

While the program outlined above is simple and cost effective, it assumes the assignment of qualified personnel and an investment in staff time sufficient to produce results. A problem, especially for all but the very largest agencies, is how to get the expertise to do this and how to bear the expenses of the program.

One approach that has been used with success is a cooperative effort, sometimes called a consortium, through which Federal activities in close geographic proximity bear jointly the expense of an Employee Counseling Services Program. In some cases, one agency might share its resources with other agencies on a reimbursable basis. In most cases, a group of agencies will contract with an outside organization for the services. This approach eliminates the need of each participating agency to develop or obtain its own counseling capability; and, therefore, aside from lending more assurance that employees will have access to qualified counselors, it is usually less costly.

The services furnished through such a cooperative program can include advice in developing policies and procedures, supervisory training, employee education programs, counseling for supervisors with problem employees, and counseling for employees themselves.

If you are interested in participating in or helping to start a cooperative program in your area, call one of the following for technical assistance:

1. Occupational Health Representatives (OHR's), located at OPM regional offices in the following cities: Boston (Maine, New Hampshire, Vermont, Massachusetts, Connecticut, and Rhode Island), New York (New York, Puerto Rico, New Jersey, and Virgin Islands), Philadelphia (Pennsylvania, Delaware, Maryland, Vriginia, and West Virginia), Atlanta (North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Tennessee, and Kentucky), Chicago (Minnesota, Michigan, Wisconsin, Illinois, Indiana, and Ohio), St. Louis (Kansas, Missouri, Iowa, and Nebraska), Denver (Wyoming, Montana, North Dakota, South Dakota, Colorado, and Utah), Seattle (Alaska, Washington, Oregon, and Idaho), San Francisco (California, Nevada, Hawaii, and Arizona), Dallas (Texas, Arkansas, Louisiana, New Mexico, and Oklahoma).

or (for Washington, D.C. metropolitan area):

2. Alcoholism and Drug Abuse Program

Occupational Health, Room 233K
OPM

1900 E. Street, NW
Washington, DC 20415

V. MAINTENANCE OF RECORDS AND REPORTS

A. MAINTENANCE OF RECORDS/CONFIDENTIALITY

The confidentiality of information maintained about Employee Counseling Services Program participants with drug and alcohol problems is protected by statute (PL 93-282) and regulations (42 CFR 1A2) contained in FPM Letter 792-8, dated August 25, 1977. As a general rule, information about participants, whether or not recorded, is confidential. It may only be disclosed as authorized in the regulations.

The regulations also prohibit implicit and negative disclosures. "The disclosure that a person....is not or has not been attending a program....is fully as much subject to the prohibitions....as a disclosure that such a person is or has been attending such a program. Any improper or unauthorized request for any disclosure of records or information subject to this part must be met by a noncommittal response" (2.13 (e)). This means that agencies running broad Employee Counseling Services Programs must adhere to the confidentiality requirements cited above in dealing with information about all program participants, so as to prevent implicit or negative disclosures about participants with alcohol or drug problems.

B. REPORTS

The reporting requirements cited in FPM Supplement 792-2 (Subchapter S6-1C), have been adapted to allow agencies to include counseling activities other than those related to drug and alcohol problems.

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